AHCCCS NPI - HIPAA Consortium

December 4, 2007, 2:00 PM to 3:00 PM
December 13, 2007, 2:30 PM to 3:30 PM (Telephonic Only)
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts:
AHCCCS NPI Key Updates
NPI Challenges Tracking Matrix as of 11/29/07
NPI Top 500 Trends - Encounter Submissions
AHCCCS Web Page Information
Example HP/Program Contractor Individual NPI Submission
AHCCCS Provider Definitions
Meeting Minutes 10-02-07

Attendees: 12/04/07 and 12/13/07

12/04/07

Abrazo Health
Debra Bixler
Michell Foster
Liz Liska

ADES
B. J. Ayers
David Gonzales
Brian Lensch

ADHS
Paula Rendfeld

AHCCCS
Deborah Burrell
Bernard Chester
Dwanna Epps
Ester Hunt
Mary Kay McDaniel
Jacqueline McElroy
David Mollenhauer
Valerie Noor
Patricia Peers
Lori Petre
Brent Ratterree
Veronica Sambrano

Bridgeway
Cathy Farnham

Care 1st Arizona
Susan Cordier
Kathy Thurman

12/04/07

Cochise Health
Chuck Smith

Iasis Healthcare
Jessica Lennick
Jesse Perlmutter

Maximus
Diane Sanders

Pima Health System
Creighton Donovan
JoAnn Ward

Pinal County
Cheryl Davis
Jennifer Schwarz

Scan Healthplan
Gene Dameron
Maureen McGurrin

Schaller Anderson
Maurice Hill
Cathy Jackson Smith
Walter Janzen

UHC
Lucy Markov

12/13/07

Pima Health System
Alan Tiano
Joane Williams

Scan Healthplan
Gene Dameron
Tina Graham
Jim Hasey
Sharon Hawn
Dani Siegel
Julie Shanon
Nathan Wheeler
Jason Winfrey

UHC
Debra Alix
Beverly Duffy
Gretchen Scremin
David Stepp
Kimulet Winzer

UPH
Kathy Steiner
John Valentino

Yavapai Long-Term Care
Becky Ducharme
Jean Willis

Arizona NPI Technical Consortium
12/04/07 and 12/13/07

A telephonic conference was held on December 13, 2007 for members who were unable to teleconference on December 4, 2007. Contingency date preparation, HIPAA news, and insights to new challenges with the 835 were discussed at both meetings.

OVERALL NPI STATUS UPDATES — Lori Petre

Contingency Periods

The first phase of the AHCCCS Contingency Plan affecting Rendering or Service Providers will expire 12/31/2007. Reassessment of the Plan will continue on a weekly basis. Dual-use for NPI/Legacy ID, currently being allowed, will end as of January 1, 2008. Secondary IDs for Attending or Referring Providers will be addressed during the second phase of contingency implementation on March 1, 2008. Note: The date of AHCCCS processing is the date that drives the NPI requirement within PMMIS in accordance with the Law.

There is no update yet regarding a new deadline for the rendering provider but it appears that there will be an adjustment to the 01/01/08 date.

Top 500 Trends Reports

The current "Top 500" Report will be forwarded to the Health Plans (HP) shortly. The report will be expanded to the "Top 1000" providers for this next run. The change in percentages by including this expanded sample size will be interesting. The Executive Steering Committee is studying these percentages in the trends and will use this information to decide when the hard line will be set. The week of December 17 should bring a final answer as to go or no-go for Rendering Provider IDs on 1/1/2008.

The Top 500 is a monthly report based upon encounter submissions for the prior six months. It summarizes the number of providers who have NPI and their volume of claims. The report depicts how many encounters would be failing had the program gone live. The Top 1000 should cover almost all providers. AHCCCS has been tracking percentages for the last 5-6 months. Overall, the Health Plans are missing approximately 7% of required NPIs within the Top 500 Rendering Providers and 18% of Fee-for-Service providers.

Newsworthy

- There have been no changes to the Provider types NPI list on the AHCCCS website.
- Before the end of the year, AHCCCS will schedule brief updates with each HP's key contact to cover such issues as: Where are you in the process, what are your challenges, what is or might be the resultant fall-out if your NPI has gone or had NPI gone live?
- Receipt of Contingency Status Updates has been prompt. November set a precedent within two days of the due-date. A scaled back version might be implemented once the contingencies have expired to allow for tracking of any issues that come up.
- The Steering Committee has requested that a "Helpful Hints" document be developed, covering such descriptions as where and how to use the NPI, where to put it, when to use it, and what it should look like, etc. The draft will be shared before being published to the providers. Input for this project is welcomed.
- Reminder - Direct submission of NPIs are being accepted. If a Health Plan has NPIs in the system that AHCCCS does not have in PMMIS, there are three ways to adjust this: ask the provider to do so, use the reporting form, or submit a provider affiliation file.
- Weekly Provider files will continue through next August.
- Requests for excerpts from the Data Warehouse's copy of the Enumerator Database or requests for information on this data are being accepted.
- The system change for "Multiple NPIs to One AHCCCS ID" will be promoted Dec 7. Visibility may be available in next week's provider extract.

- 80% of system challenges for the NPI stem from compliance issues with the 835 transaction.

  AHCCCS continues to test NPI changes. Claims and encounters overall have gone well. AHCCCS wants to be sure everyone is testing NPIs through their remittance and payment processes.

- The "anybody can bill for anybody else" provision, i.e., physicians billing for PAs, requires for AHCCCS that a relationship be established between the biller and provider.

  The billing entity still has to include the rendering provider on the claim form. Some providers have been submitting without documentation of a relationship and the result will be that their claims will fail edits.

  A failure will occur if a hospital comes in on a 1500 and the provider type cannot do the professional service. The Health Plan may have intended to send the rendering provider but picked up the billing provider instead. This is an area in which the providers are having a lot of trouble with their test files.

- The most recent overall NPI statistic is 6% based on the "Top 500" encounter submissions, compared to May's 18% and July's 25%. Individual numbers for each plan are available upon request.

- An extensive change package has been submitted to the AHCCCS website, emphasizing the contingency deadlines.

HIPAA UPDATES **Mary Kay McDaniel**

Highlights on the What and Where of Provider Definitions (based on handout "AHCCCS Provider Definitions." Note: This handout will be replaced following the Consortium with a corrected version.)

The following lists define billing and service rendering providers and the location of their information on paper and electronic transactions.

Billing Provider:

The billing provider from the AHCCCS perspective is the "pay to" provider associated in PMMIS with the rendering provider. The AHCCCS billing provider vendor ID may or may not be the owner or holder of the Tax ID.

NUCC - The billing provider is on lower right-hand side of Box 33 on the 1500. The service provider and the group # can no longer be placed in there. The person who should receive the remit or who gets the 835 is now required.

NUBC - The billing provider is form locator 1 on the UB-04. UB-04 changed the definition of their billing provider and includes the name and the NPI and the physical location of that provider. It is the lowest level of enumeration that took place for that facility which happens to be billing, i.e., hospital with 8 NPIs, Boxes #1 and #2 on the UB-04 are split out for the billing provider and pay-to provider. Only one provider is allowed on the institutional.

Element 48 - The approved 2006 form is the only form that will is recommended by ADA for NPI. However, most of the providers will not be ready to use it.

The billing provider on electronic transactions is called the billing provider and is in a separate loop (#2000) within the transaction. Note: If the rendering provider is the same as the service provider - since there is no rendering provider loop - the assumption will be that both are the same.

There is only one Tax ID on any of these claim forms and that belongs to the billing provider.

Service Rendering Provider:

The service rendering provider from the AHCCCS perspective is the "hands-on" provider - a "face" and "not a place."

On the 1500, information belongs in Box 24J if the billing and rendering provider is not the same or just box 33 if they are the same. CMS will only accept the new 1500 form.

Billing and rendering provider are the same even if the pay-to is different. The service provider is the billing provider, form locator 01on the UB-04.

Service rendering provider is in Data Element #53 on the ADA Dental Claim form.

On the professional, will be the 2420A rendering provider name - AHCCCS does not recognize multiple rendering providers on one claim. If individual is seen by three different providers at a single clinic, the claim would be "accepted" but denied until the one claim is split out into three separate claims.

Standards Update

- The 5010 Discussion with CMS continues. The rule for both the 5010 and the claim attachment appears to be near completion. The new transactions need to be out before the ICD-10.
- A pay-for-performance pilot is expected for 2010. This will require the ICD-10.
- Present on Admission is a challenge for some hospitals. There are individual receivers who will not allow additional information to be sent on a transaction and require that the information be stripped in order to send the claim through.
- CMS is requiring that all pharmacies re-enroll. This has presented quite a challenge to the pharmacies one large chain is trying to re-register every pharmacy within 60 days- that is 6000 pharmacies in 60 days.
- A group provider by law is defined as an Organization. A Group Provider is a provider of services. An organizational provider example is National Vision Services.
- Claims attachments - at this time, the rule is separate and apart from the 5010 - do not want it hung up - it is moving along.
- New version of NCPDP transaction was put forward - approved as well as two new NCPDP transactions subrogation and post-adjudicated claims reporting.
- Personal Health Records with the CCD (compilation of the CCR Continuous Care Records and the Clinical Data Architecture document) has been approved. American Health Insurance Plan (AHIP) and Blue Cross Blue Shield have put forward an implementation guide to start sharing personal health records - for those individuals who move from one Blue plan to another, will be building a personal record that goes from BCBS to other Blue plans – piloting the transaction in June.
- HL-7 Meeting is the week of Jan 13 and X-12 is the last week.
- NUBC. Still an issue of where the NDC code will be placed on the UB - hoping existing scanning systems will be able to accept it without doing additional coding.
- E-Prescribing rule. FDA may start to allow Schedule II drugs to be prescribed with the electronic transaction.

Examples of 835 Transactions

The Billing Provider from the claim is the Payee on the 835.

The FIRST example below depicts 3 separate claims. Claim 1 has a billing NPI on the institutional and is NP #1; Claim 2 is NPI #2; Claim 3 is NPI #3. This is a hospital that has multiple NPIs (associated clinics) and all have the same Tax ID.

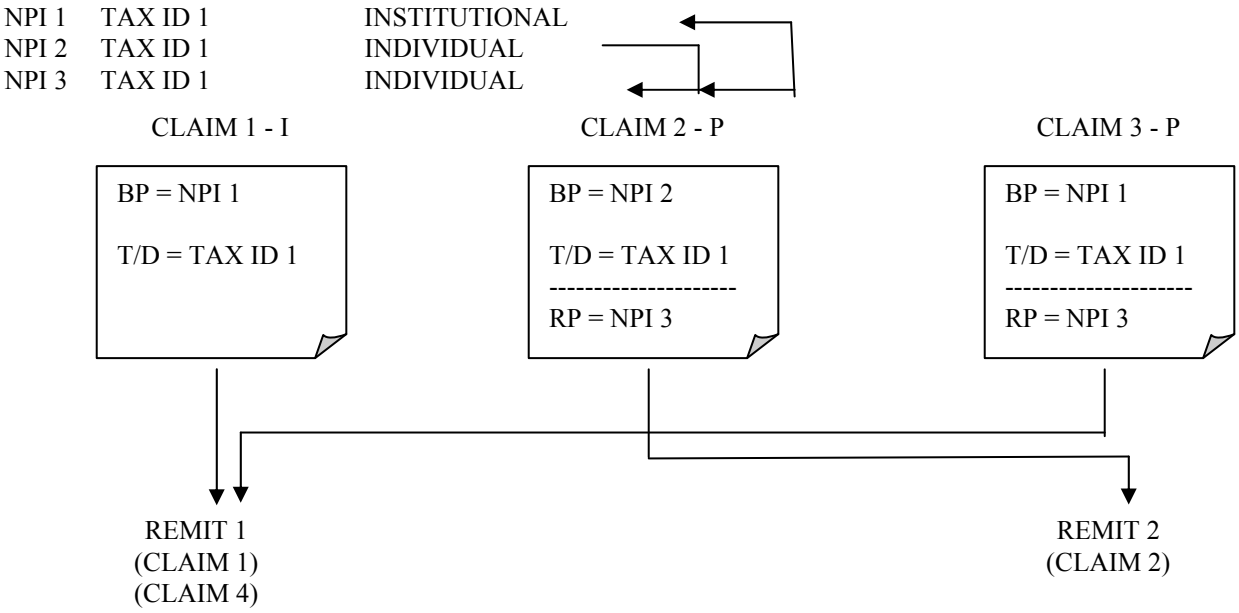
The Tax ID is the same for all three claims.

Claim 1 is NPI 1 which is Institutional
Claim 2 is NPI 2 which is Individual
Claim 3 is NPI 3 which is Individual

Claim 1 arrives with Billing Provider NPI 1
Claim 2 arrives with Billing Provider NPI 2 and is Professional - Rendering Provider with NPI 3 is included
Claim 3 arrives with Billing Provider NPI 1 and Service/Rendering Provider NPI 3.

If all claims paid on the same day and 835s were run with payment, there would be 2 Billing Provider NPIs - because the 835s split on the Billing Provider identifier. The result would be 2 remits.

HEALTHCARE PLUS



The SECOND example below depicts a facility with 3 NPIs that bill on Institutional. The Tax ID is the same for all.

As with Institutional payments, the transaction is billed at the lowest sub-part level across the board.

Claim 1 arrives with Billing Provider NPI 1
Claim 2 arrives with Billing Provider NPI 2
Claim 3 arrives with Billing Provider NPI 3

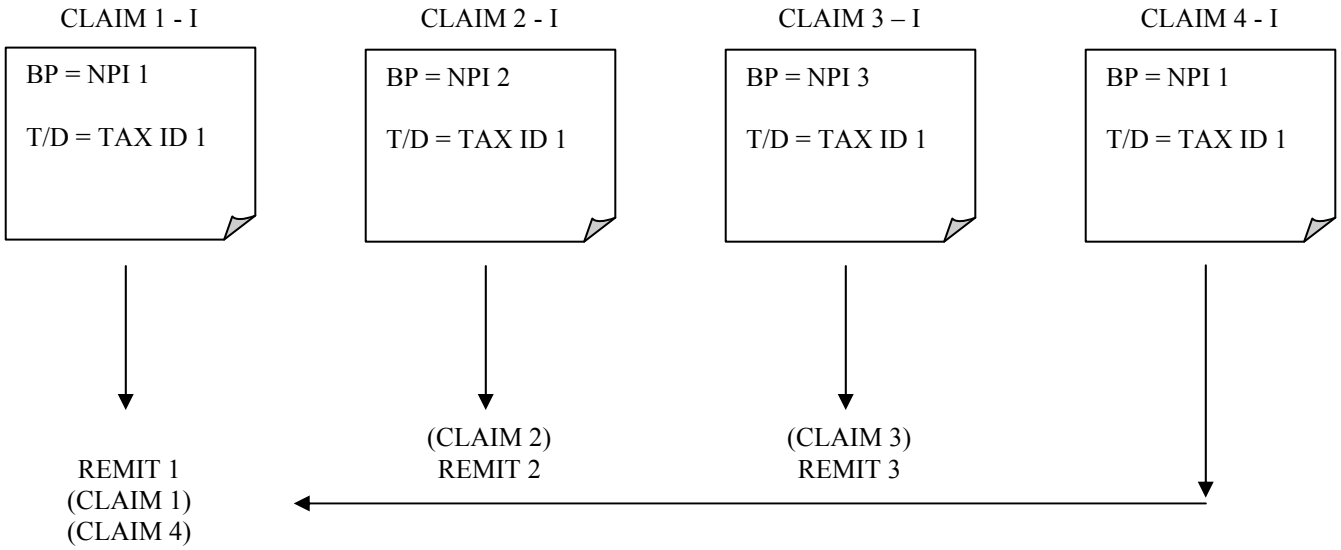
There are 3 separate 835 transactions – they do not get rolled up to the tax ID any more. By the way a hospital system bills can drive how the remits are split out. The payment will look like one 835 and will have 3 checks.

However, the AHCCCS system does not accommodate this reality. When an NPI comes in, it is translated into an internal AHCCCS registration number which, in turn, becomes a vendor number. One check is generated per vendor.

This issue requires further study. The current solution will be to generate the 3 remits in a single check with the same but this is not fully compliant. This visual is an example of how the 835 is a major challenge - as far as trying to relate it to the payment methodology.

HOSPITAL HEALTH

NPI 1	TAX ID 1	INST [HOSPITAL ACUTE]
NPI 2	TAX ID 1	INST [HOSPITAL LAB]
NPI 3	TAX ID 1	INST [HOSPITAL X-RAY]



FINAL COMMENTS — Lori Petre

Before year end all NPI contacts will be scheduled for an update talk. Final directives from the Executive Steering Committee will be shared regarding AHCCCS soft or hard implementation for 1/01/08 for rendering (service) providers.

All questions and suggestions for future Consortiums should be forwarded to the email address below:

…email lori.petre@azahcccs.gov.

QUESTIONS — Lori Petre/Mary Kay McDaniel

1. What is meant by rendering provider?

   (*See* HIPAA Updates, Service Rendering Provider) In AHCCCS's Contingency Plan, there are two different dates for the NPI requirement: 01/01/08 for the rendering service provider and 03/01/08 for the secondary provider (billing, attending, referring, and prescribing). If the dates are changed, dual-use mode will then remain effective until the new deadline. All Health Plan Plans will still be able activate their contingency plans regardless of a deadline change for AHCCCS.

2. You don't require the Health Plan to attach the source document for NPI data submissions?

   No, AHCCCS assumes the source was validated by your signature.

3. Will multiple NPIs to one AHCCCS ID be on same table as where the one NPI has been?

   Yes, there will be multiple occurrences of the NPI on this table as applicable.

4. Let's say, there is a provider who has provided services for other providers. Who can bill for whom?

   For example, if a provider has a relationship with a hospital who he says can bill on his behalf, the provider type cannot be restricted to 01 under NPI rules. The requirement on the FFS side is that the provider has to document that association so the hospital does not bill for a physician without a documented affiliation on file.

   How a valid relationship is validated is specific to the payor. But again, from a FFS perspective, AHCCCS requires an affiliation relationship before billing is done.

5. Do you anticipate having multiple NPI data available to the plans before you require the NPI?

   Yes, the data will not take very long to input once the system changes to support it are promoted on 12/07/07.

6. If we submit an encounter with an NPI that is not registered at AHCCCS, will it fail in the Validator?

   The Validator will not catch if the NPI is not in the active file. It will catch if it is not a syntactically valid NPI.

   The Validator checks for a syntactically valid NPI. It does not check data against PMMIS to see if it is on file. If the NPI is not on file once it is in PMMIS, the Health Plan will receive a Pend edit. If the NPI is subsequently provided through PAT or other vehicle, the encounter will release the next time it is edited.

   Validator will also not check for a "lack of" NPI. Validator does not read the AHCCCS tables so validation is restricted to looking at the qualifier for confirmation it is NPI. Validator does not read provider types in PMMIS nor denote whether the provider should have an NPI.

7. Ok, so you pend the encounter at AHCCCS for the NPI not being on file and, in a subsequent PAT file the NPI is sent and so gets loaded into the system. Will the encounter clear?

   Yes, the next time edits are run, the system will clear the pend.

8. How soon is the turnaround on NPI data submissions?

   Right now, three working days, if submitted as an NPI update. Many providers are providing other information as part of the normal updates: address change, etc. This can cause delays. It is best to use the special form to send the NPI under separate cover.

9. What is a PAT file?

   A provider affiliation process that applies to acute care plans.

10. Is the contingency status report still due this month or are you replacing that with your phone calls?

    This is a good suggestion. The phone calls could replace the contingency report. (Lori will provide an email announcement to the Health Plans.)

11. If a Health Plan sends you an NPI on the PAT transmission, will you directly load it to your database?

    Yes, the NPI gets loaded with the health plan submitting as the source.

12. Let's say another Health Plan sends a different NPI for that same AHCCCS ID. Are you doing something on your end?

    There is an error report that comes out of the process. Data is verified against the numerator database and will determine which is correct and notify the provider and the submitters.

13. AHCCCS is not trying to download all the information from the enumerator database?

    No, it doesn't have enough data to do that. CMS has scaled back what is made available and is not populating some identifying data – anything that appears to be an SS# or an EIN - the data remaining is primarily only useful for validation.

14. How can we find out what is considered an atypical provider?

    The law states an atypical provider is one who does not provide healthcare covered services as defined in §1861[U] and [S] of the Social Security Act. There are certain types of providers who believe they are doing health care covered services. This may not be true. There are grey area providers (*see* white paper from WEDI).

    The enumerator is not an enforcer. A provider who uses a non-health care provider taxonomy code will not be stopped from getting an NPI. Definitions of what is and what is not health care can be confusing. There is some cross-over.

15. Provider type 30 is required to have an NPI - are there issues with that?

    From AHCCCS's perspective, no. AHCCCS's interpretation of DME is cut and dried.

16. What type of validation will AHCCCS do on an Attending Provider?

    The Attending provider is a secondary ID that does not have to be on file in PMMIS, but it has to be a syntactically valid NPI and has to be there when required for processing dates as outlined in the Contingency Plan.

17. Occasionally a plan needs to go back and replace or void an encounter for a provider who is no longer active. Under NPI all encounter submissions (and claims for that matter) will require an NPI. Will we be able to accept NPI information and update end dated provider records?

    Yes, AHCCCS will accept and update NPI information for providers whose current enrollment status is inactive.

18. What if the services were provided before the NPI was required and the servicing provider knowing they were going to retire did not acquire an NPI number? And if the servicing provider has retired, become disabled or died and is either unwilling or unable to get an NPI what happens then? If the plan can document the situation will AHCCCS make an exception?

    NPI requirements are processing date based, not date of service based. Therefore, even if the claim/encounter was originally submitted prior to the NPI required date, any replacement or void of that claim/encounter after the required processing date must have a NPI. The FAQ from CMS basically says they will review on a case-by-case basis. So, should a provider not be able to get an NPI, AHCCCS handle this on an exception basis as needed. But just as an FYI, if a provider is deceased, his estate could get an NPI and even if he is retired, he could get one.

19. Whenever the hard enforcement date is finalized - if after that date, we receive a claim that the servicing provider's NPI number is not included on the claim, but we have that number in our system, will we be mandated to deny that claim or will we have the discretion to add in the NPI number on the encounter?

    After the contingency date AHCCCS will expect you to send required NPI data. We are not dictating how a Health Plan's claims process should work other than meeting the federally mandated enforcement date of 05/23/08.

20. What about a clinic that may have its own NPI number as a clinic? In addition, each physician has his/her own NPI. When a claim comes in for a physician service, is the expectation that the claim will have both the servicing provider and the clinic's NPI number?

    Yes, Medicaid regulations require the identification of the actual service provider. That does differ somewhat from Medicare. So, for professional services, not facility services, the rendering provider is the physician and needs to be identified.

21. The physician's NPI number needs to be identified but, if the clinic is billing, do they have to be identified as well?

    Yes, if they are the billing provider or you won't know whom to pay.

22. But, does their NPI number need to be included or is the servicing provider's NPI number sufficient?

    For encounters, the servicing provider NPI is sufficient. At some point in the future, we would like to gain information on who you are actually paying and who you are getting bills from. But, what we need is the rendering provider for encounters at this time.

23. Prescribing provider on the NCPDP - is that an atypical or is that NPI to be included in the implementation data?

    Prescribing providers are included - they are not a separate provider type. Typically they are physicians. This is one of those types that we refer to as secondary so it does not need to be on file with us, just a syntactically valid NPI Some physicians maintain their DEA and may prescribe even if they no longer practice. It needs to be syntactically valid - not necessarily on file with PMMIS.

    Note: The DEA number is not required to be on a claim transaction - even if the claim is for a scheduled drug. The DEA number was created to allow the DEA to track scheduled drugs. It was never intended to be used on claims transactions to identify the prescribers.

24. Will the prescribing provider requirement will be in the second phase of NPI implementation?

    Yes - and if any adjustment is made to the primary physician NPI deadline, the secondary will also be adjusted.

Corrections to the minutes should be directed to NPIConsortiumCoordinator@azahcccs.gov.